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## TRANSMITTAL FORM

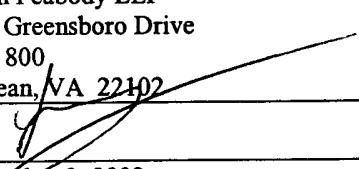
(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/502,675
		Filing Date	February 11, 2000
		First Named Inventor	Shunpei YAMAZAKI
		Group Art Unit	2829
		Examiner Name	Evan T. PERT
Total Number of Pages in This Submission		Attorney Docket Number	740756-2101

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Other
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

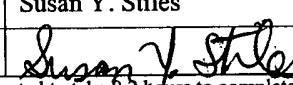
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Luan C. Do, Reg. No. 38,434 Nixon Peabody LLP 8180 Greensboro Drive Suite 800 McLean, VA 22102
Signature	
Date	September 3, 2002

### CERTIFICATE OF MAILING

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Date	September 3, 2002

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SEP 09 2002

**FEE TRANSMITTAL  
FOR FY 2002**

Patent fees are subject to annual revision.

Complete if Known

TOTAL AMOUNT OF PAYMENT (\$580.00)

Application Number	09/502,675
Filing Date	February 11, 2000
First Named Inventor	Shunpei YAMAZAKI
Examiner Name	Evan T. PERT
Group Art Unit	2829
Attorney Docket No.	740756-2101

**COPY OF PAPERS  
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1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **19-2380**

Deposit Account Name **Nixon Peabody LLP**

Charge Any Additional Fee Required  
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.  
See 37 CFR 1.27

2.  Payment Enclosed:

Check  Credit Card  Money Order  Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Description		Fee Paid
101	740	201	370	Utility filing fee
106	330	206	165	Design filing fee
107	510	207	255	Plant filing fee
108	740	208	370	Reissue filing fee
114	160	214	80	Provisional filing fee

**SUBTOTAL (1) (\$ 0****2. EXTRA CLAIM FEES**

Total Claims	-20** =	Extra Claims	Fee from below	Fee Paid
<b> </b>	<b> </b>	<b> </b>	<b> </b>	<b>0</b>

Independent Claims	-3** =	Extra Claims	Fee from below	Fee Paid
<b> </b>	<b> </b>	<b> </b>	<b> </b>	<b>0</b>

Multiple Dependent	<b> </b>	<b> </b>	<b> </b>	<b>0</b>
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Large Entity Fee Code	Small Entity Fee Code	Fee Description		
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2) (\$ 0**

\*\*or number previously paid, if greater; For Reissues, see above

**3. ADDITIONAL FEES**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
105	130	205	65 Surcharge - late filing fee or oath
127	50	227	25 Surcharge - late provisional filing fee or cover sheet
139	130	139	130 Non-English transaction
147	2,520	147	2,520 For filing a request for ex parte reexamination
112	920*	112	920* Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840* Requesting publication of SIR after Examiner action
115	110	215	55 Extension for reply within first month
116	400	216	200 Extension for reply within second month
117	920	217	460 Extension for reply within third month
118	1,440	218	720 Extension for reply within fourth month
128	1,960	228	980 Extension for reply within fifth month
119	320	219	160 Notice of Appeal
120	320	220	160 Filing a brief in support of an appeal
121	280	221	140 Request for oral hearing
138	1,510	138	1,510 Petition to institute a public use proceeding
140	110	240	55 Petition to revive - unavoidable
141	1,280	241	640 Petition to revive - unintentional
142	1,280	242	640 Utility issue fee (or reissue)
143	460	243	230 Design issue fee
144	620	244	310 Plant issue fee
122	130	122	130 Petitions to the Commissioner
123	50	123	50 Processing fee under 37 CR 1.17(q)
126	180	126	180 Submission of Information Disclosure Stmt
581	40	581	40 Recording each patent assignment per property (times number of properties)
146	740	246	370 Filing a submission after final rejection (37 CFR § 1.129(a))
149	740	249	370 For each additional invention to be examined (37 CFR § 1.129(b))
179	740	279	370 Request for Continued Examination (RCE)
169	900	169	900 Request for expedited examination of a design application
Other fee (specify) _____			

\* Reduced by Basic Filing Fee Paid

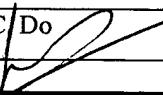
**SUBTOTAL (3) (\$580.00****CERTIFICATE OF MAILING**

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Name: Susan Y. Stiles

**SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	Luan C Do	Registration No. (Attorney/Agent)	38,434	Telephone	(703) 770-9300
Signature				Date	September 3, 2002